

Computers _____ Other _____

Are you **CPR Certified** for infants, children and adults? _____

Expiration Date _____ Course taught at _____

Have you completed **Shaken Baby Syndrome** training? _____

Last date of certification _____ Course taught at _____

Have you completed **Sudden Infant Death** training? _____

Last date of certification _____ Course taught at _____

Membership in professional organizations (NAEYC, WECA, CCIC, 4 C's, etc) _____

Previous Work Experience **may choose to attach resume* _____

_____ 1.

Current or Most Recent Place of Employment **may choose to attach resume* _____

Employers Address _____

Employers Phone Number _____

Supervisors Name _____ Job Title _____

Date Employed _____ Ending Date of Employment _____

Job Description/Responsibilities _____

Reason for separation of employment: _____

2. Former Place of Employment **may choose to attach resume* _____

Address _____

Phone Number _____ Supervisors Name _____

Job Title _____ Description/Responsibilities _____

Date Employed _____ Ending Date of Employment _____

Reason for separation of employment: _____

References: Name Address Title Phone

#

Professional **may choose to attach resume*

1. _____

2. _____

3. _____

Personal **may choose to attach resume*

1. _____

2. _____

Have you ever been convicted of a crime? Yes _____ No _____
When/Where/Why/Outcome _____

(Exclusions: Minor traffic violations for which the fine was not over \$100.00; or an offense which was settled in a juvenile court)

If you have had experience with a particular age group or have a personal preference, which age of children do you enjoy working with? _____ Give a brief explanation why _____

What do you feel qualifies you for this position? _____

If needed, would you be willing to enroll (within licensing time regulations) in any necessary courses or training that is required for the position you are applying for?
Yes _____ No _____

Would you be willing to maintain 25 hours of continuing education per calendar year as required by state licensing? Yes _____ No _____

What do you feel are the most important qualities needed to work with young children?

What do you feel is an important quality in working effectively with parents and families?

If hired for this position when would you be available to start? _____
If you were offered and chose to accept a position at By Leaps and Bounds what is the

earliest date you would be available to start? _____

Please list any questions you might have _____

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this Corporation is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed in writing by an authorized executive of this corporation.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that I am required to abide by all Wisconsin State Licensing Rules and Regulations; and also the employer's Center and Personnel Policies.

Signature of Applicant _____ Date _____

FOR PERSONNEL DEPARTMENT USE ONLY

Interview Yes No Interviewer _____ Date _____

Remarks _____

Employed Yes No Date Hired _____ Start Date _____

Position _____ Classroom _____ Hourly Rate of Pay _____

Review after 3 months Date _____ Review Notes: _____

The following must be completed *prior to employment* _____

The following must be completed *after date of hire and within required licensing time lines* _____

Director's Printed Name _____

Director's Signature _____ Date _____

Notes _____

References ~ Notes _____

